

## Appendix: Data Collection Sheet

### TELEMEDICAL RESUSCITATION AND ARREST TRIAL (TREAT) CONSULTANT DATA COLLECTION FORM

#### **\*\*POST-CARDIAC ARREST THERAPEUTIC HYPOTHERMIA\*\***

<p>Patient ID#: _____  Date: _____</p> <p>Age (yrs): _____  Gender: <input type="checkbox"/> Male  <input type="checkbox"/> Female</p> <p><b>EVENT DETAILS:</b></p> <p>Location: _____  Pre-Arrest GCS: _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Unknown</th> </tr> </thead> <tbody> <tr> <td>Witnessed</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Bystander CPR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Bystander AED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Defibrillated in field</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Epi given in field</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>Initial Rhythm: _____  # of defib in field: _____  # of epi doses in field: _____</p> <p><b>TIMESTAMPS:</b></p> <table style="width: 100%; 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6 pre-sedation</p> <p><input type="checkbox"/> NO other obvious reasons for coma</p> <p><input type="checkbox"/> NO uncontrolled bleeding</p> <p><input type="checkbox"/> NO multi-organ dysfunction syndrome, severe sepsis, or other severe comorbidity</p> <p><input type="checkbox"/> &lt;12 hours since ROSC</p> <p><b>DECISION:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Therapeutic Hypothermia</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><b>TELEMEDICAL CONNECTION:</b></p> <p>Number of:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Connection attempts</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Disconnections</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p><b>Yes No</b></p> <p>Could you:</p> <table style="width: 100%; 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**\*\* SEVERE SEPSIS: EARLY GOAL DIRECTED THERAPY \*\***

Patient ID#: _____ Date: _____  Age (yrs): _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female							<b>INCLUSION:</b> <input type="checkbox"/> ≥2 SIRS CRITERIA <input type="checkbox"/> HR >90 <input type="checkbox"/> RR > 20 <input type="checkbox"/> Temperature >100.4° or <96.8° <input type="checkbox"/> WBC >12 or <4, >10% bands <input type="checkbox"/> Confirmed or suspected source of infection <input type="checkbox"/> ≥1 organ dysfunction																																																																													
<b>VITAL SIGNS:</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Time</th> <th>TEMP</th> <th>HR</th> <th>BP</th> <th>MAP</th> <th>CVP</th> <th>S<sub>cv</sub>O<sub>2</sub></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>							Time	TEMP	HR	BP	MAP	CVP	S <sub>cv</sub> O <sub>2</sub>																																																		<b>DECISION:</b> <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Early Goal Directed Therapy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Central Line</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Arterial Line</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Vasopressors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>								Yes	No	Early Goal Directed Therapy	<input type="checkbox"/>	<input type="checkbox"/>	Central Line	<input type="checkbox"/>	<input type="checkbox"/>	Arterial Line	<input type="checkbox"/>	<input type="checkbox"/>	Vasopressors	<input type="checkbox"/>	<input type="checkbox"/>
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